

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 4 — 0 3 4

2. STATE:

LOUISIANA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~DECEMBER 2, 1994~~
November 1, 1994 *

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 485.66, 440.140 and 440.160

7. FEDERAL BUDGET IMPACT:

a. FFY 1994-95 \$ (6,081,751)

b. FFY 1995-96 \$ (6,877,319)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 1, Pages 2-3 *
Page 4

Attachment 3.1-A, Item 14a

Attachment 3.1-A, Item 16

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SAME (TN-89-29) (TN-95-31 - Pending) *

SAME (TN-90-19) (TN-94-31 - Pending) *

SAME (TN-87-18) (TN-89-29) * 87-18 *

SAME (TN-87-18) (TN-89-29) * 87-18 *

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to ensure uniform admission criteria for inpatient psychiatric services, including hospital-based medical detoxification for alcohol and drug abuse services in free-standing psychiatric hospitals and to ensure that all psychiatric hospitals comply with revised admissions, length-of-stay, extension, exclu-

11. GOVERNOR'S REVIEW (Check One): sionary and discharge criteria.

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Rose V. Forrest

13. TYPED NAME:

Rose V. Forrest

14. TITLE:

Secretary

15. DATE SUBMITTED:

30 December, 1994

16. RETURN TO:

Department of Health and Hospitals
Bureau of Health Services Financing
P. O. Box 91030
Baton Rouge, Louisiana 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: January 3, 1995

18. DATE APPROVED: 1/19/95

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

11/1/94

20. SIGNATURE OF REGIONAL OFFICIAL:

Diane Wade Acting Regional Administrator

21. TYPED NAME:

~~Steve McAdoo~~
CALVIN G. CLINE

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS: *Pen and Ink Changes Per State's Request of February 1, 1995.

May 9, 2001.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 1, Page 2

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS
FOLLOWS:

- C. Each hospital is required to have a Utilization Review Committee.
- D. Effective December 2, 1994, there will be no payment by Medicaid for reservation of a bed for a recipient who is temporarily absent from the facility.

Effective for dates of service January 1, 1995 and after, all admissions to acute care and rehabilitation hospitals require registration and length-of-stay assignment for all admissions; and all admissions to long term hospitals and distinct part psychiatric/substance abuse units in acute care general hospitals require pre-admission certification and length-of-stay assignment. Exception: Inpatient admissions for dual Medicare/Medicaid beneficiaries are not subject to these requirements when Medicare Part A benefits are still in effect.

STATE <u>Louisiana</u>	A
DATE REC'D <u>1-3-95</u>	
DATE APP'D <u>5-16-01</u>	
DATE EFF <u>11-1-94</u>	
HCFA 179 <u>LA-94-34</u>	

SUPERSEDES: TN - LA 95-31

TN# LA-94-34 Approval Date 5/16/01 Effective Date 11/1/94
Supersedes
TN# LA-95-31

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
Item 14a

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR
440.160

Medical and Remedial Care and Services
Item 14a

Services for individuals age 65 or older in institutions for mental diseases are limited as follows:

Coverage is limited to services provided in Title XVIII certified psychiatric hospitals enrolled in Title XIX.

Providers must comply with Federal regulations and with any Standards for Payment and licensure and certification standards promulgated by the State.

Effective November 1, 1994, providers of these services will be subject to the uniform admission criteria and exclusionary criteria.

Effective for services December 2, 1994 and after, providers must comply with pre-admission process, length-of-stay assignment, extension-of-stay, and discharge criteria in order to be reimbursed by the Medicaid Program.

Effective for services December 2, 1994 and after, there will be no Medicaid payment for reservation of a bed for a recipient who is temporarily absent from the facility.

STATE <u>Louisiana</u>	A
DATE REC'D <u>1-3-95</u>	
DATE APPV'D <u>5-16-01</u>	
DATE EFF <u>11-1-94</u>	
HCFA 179 <u>LA-94-34</u>	

SUPERSEDES: TN LA-87-18

TN# 94-34 Approval Date 5/16/01 Effective Date 11/1/94 Supersedes
TN# 87-18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 3.1-A
Item 16

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED :

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR
440.160

Medical and Remedial Care and Services
Item 16

Inpatient Psychiatric Facility Services for individuals under 21 years of age are limited as follows:

Coverage is limited to services provided in Title XVIII certified psychiatric hospitals enrolled in Title XIX.

Providers must comply with Federal regulations and with any Standards for Payment and licensure and certification standards promulgated by the State.

Effective November 1, 1994, providers of these services will be subject to the uniform admission criteria and exclusionary criteria.

Effective for services December 2, 1994 and after, providers must comply with pre-admission process, length-of-stay assignment, extension-of-stay, and discharge criteria in order to be reimbursed by the Medicaid Program.

Effective for services December 2, 1994 and after, there will be no Medicaid payment for reservation of a bed for a recipient who is temporarily-absent from the facility.

STATE <u>Louisiana</u>	A
DATE REC'D <u>1-3-95</u>	
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SUPERSEDES: TN - LA-87-18

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